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Notice of Independent Medical Review Decision

Reviewer's Report

DATE OF REVIEW: October 27, 2015

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

ERMI shoulder flexionator, 30 day rental.

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION

M.D., Board Certified in Orthopedic Surgery.

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

☒ **Upheld** (Agree)

☐ **Overturned** (Disagree)

☐ **Partially Overturned** (Agree in part/Disagree in part)

The requested ERMI shoulder flexionator, 30 day rental is not medically necessary.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a female who reported a work-related injury on XX/XX/XX. The patient is status post right arthroscopic subacromial decompression on xxx. On xxxx the patient was prescribed an ERMI shoulder flexionator. In a letter dated xxxx the provider states the patient has made gains with improvement from 8 to 15 degrees of external rotation and 74 degrees to 160 degrees of abduction. The progress note dated xxxx reports the patient was still stiff with abduction at 160 degrees, flexion at 170 degrees, external rotation 25 degrees, internal rotation 15 degrees and extension at 25 degrees. She had a negative Neer's sign and negative Hawkin's test. At that time 12 additional physical therapy sessions were recommended.

The URA indicates that the patient did not meet Official Disability Guidelines (ODG) criteria for the requested services. The denial letter dated xxxx indicates that there is a lack of support in current evidence based medical literature for this type of equipment.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION.

Per the Official Disability Guidelines (ODG) the requested equipment is under study and there is no high quality evidence yet available. A study of frozen shoulder patients treated with the ERMI shoulder flexionator found there were no differences between the groups with either low or moderate/high irritability in either external rotation or abduction. The article by McCormack and colleagues stated that there are many tools and exercises available to facilitate regaining full passive range of motion after shoulder operations. These include Codman's exercises, table slides, overhead pulleys, and a straight cane. In the letter dated xxxxx the provider indicates that the ERMI shoulder flexionator is the only conservative treatment option for the patient to help avoid reoperation. However, the documentation submitted for review does not indicate the patient was unable to use overhead pulleys, canes, or table slides to regain range of motion. Although there were small objective gains noted after use of the ERMI shoulder flexionator, the patient was also being treated with a physical therapy program in adjunct to the device in which she stated in the xxxxx progress note, was helping with her range of motion. Therefore given the lack of support in the medical literature and the other treatment options of post-operative care outside of the use of the ERMI shoulder flexionator available, the medical necessity of ERMI shoulder flexionator 30 day rental has not been substantiated. In accordance with the above, I have determined that the requested ERMI shoulder flexionator, xxxx xxxx rental is not medically necessary for treatment of the patient's medical condition.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- ☐ ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE
- ☐ AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- ☐ DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- ☐ EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN
- ☐ INTERQUAL CRITERIA
- ☐ MEDICAL JUDGMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- ☐ MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- ☐ MILLIMAN CARE GUIDELINES
- ☒ ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- ☐ PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR
- ☐ TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- ☐ TEXAS TACADA GUIDELINES
- ☐ TMF SCREENING CRITERIA MANUAL
- ☐ PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- ☒ OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)

1. McCormack, M.A., et al. Comparing two devices used to regain full range of motion following arthroscopic subacromial decompression for shoulder impingement. *Athletic Training and Sports Health Care*, 2012 Jan-Feb(4):1:21-28.